

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	60989	2-3
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND	414	4-15-90
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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Claim	Date
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numbers) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

(LEFT INSIDE)

Form 35 Ut

ADDRESS

TITLE

PARTI
FILED
NOTIC

Amount
\$ 12.00

Form PTO-436
(Rev. 5/92)